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Country note**

Maldives

Summary

The Executive Director presents the country note for Maldives for a programme of cooperation for the period 2003 to 2007.

The situation of children and women

1. More than three quarters of the population of Maldives (272,000) are under 25 years of age. Government commitment and the strategic allocation of resources have resulted in remarkable improvements during the last two decades in income (per capita gross domestic product of $6,720), literacy (98 per cent) and life expectancy (72 years). The country has shown rapid, but fragile, economic development based on fishing and tourism. With its 1,200 islands scattered over a vast area of the Indian Ocean (90,000 square kilometres), communities are difficult to access and costly to service. Basic infrastructures are in place, but significant resources and technical input are needed to increase capacity and develop institutions to improve the quality of services and ensure the sustainability of interventions. Maldives has signed and ratified the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, but disparities persist despite substantial progress in child rights and gender equality.

* E/ICEF/2002/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2002.

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2. Major efforts during the last decade to ensure universal immunization have resulted in 95 per cent coverage for all expanded programme on immunization (EPI) vaccines (including hepatitis B) and a decline in infant and under-five mortality rates to 60 and 83 per 1,000 live births, respectively. Maldives is close to becoming polio and neonatal tetanus free, but 50-75 per cent of children under five years old are affected by intestinal parasites. Acute respiratory infections and pneumonia account for 18 per cent of deaths of children under four years old. Micronutrient deficiencies are widespread and child malnutrition is prevalent (13 per cent of children under five years old suffer from wasting and 25 per cent are stunted). Maternal mortality stands at 172 per 100,000 live births, 98 per cent of mothers receive some form of antenatal check-up and trained health providers attended 75 per cent of deliveries. However, access to emergency obstetric care is constrained by inadequate and costly transportation facilities. Almost one fifth of all babies are born with low birth weight and 17 per cent of women are nutritionally at risk. There is a lack of awareness about good food habits, appropriate child-care practices and hygiene. Almost one quarter of the population do not have access to safe drinking water, and close to 20 per cent remain without adequate means of excreta disposal. Its close proximity to the surface makes the ground water susceptible to contamination and pollution by sewage and human waste.

3. Many caregivers, health workers and teachers are unaware of the vital importance of the first three years of life for a child's psychosocial development. While pre-primary schooling is a priority, parents focus on academic achievement, creating pressure to read and write at an early age. Every child has access to schooling without gender disparities, but the quality and relevance of education are serious concerns. Wide disparities exist in educational facilities between Male and the other islands, resulting in highly variable student achievement levels. There is an acute shortage of trained teachers, and geography makes the delivery of services and supplies very difficult, time-consuming and expensive.

4. The sudden transition of Maldives' economy from mainly fishing to one depending largely on the tourism industry has affected traditional support structures. Family units are disrupted, with increasing numbers of abandoned and neglected children. Consequences include increasing drug abuse, with the risk of HIV/AIDS infections and child rights violations. Comprehensive legislative measures to protect children's rights are not yet in place. The internalization of child rights needs to be propagated and strengthened, as some forms of discrimination with regard to gender and disability persist.

5. Collection and analysis of data and their utilization to develop and apply child-sensitive policies are inadequate, as are the gathering and dissemination of relevant information. To some extent, Maldives is the victim of its own success. While it faces a decline in development assistance due to an improvement of basic indicators, the data disguise the extent and nature of disparities. Financial and technical assistance are needed to offset the dangers of a narrow revenue base and a high vulnerability to external influences, and to develop sustainable capacity.

Lessons learned from past cooperation

6. The mid-term review (MTR) underlined the effective relationship of UNICEF with the Government, the World Health Organization (WHO), the United Nations

Population Fund (UNFPA), the United Nations Development Programme and local non-governmental organizations (NGOs), such as FASHAN and Care Society, to address child rights issues. The value and potential of innovative approaches and multisectoral activities in early child development (ECD), basic education and child protection were documented. The "First Steps Maldives" project has been breaking new ground, and greatly influenced the perception of early childhood among many Maldivians. The overall objective of the project is to ensure that the survival, protection and developmental needs of children under three years of age are met in a positive and stimulating environment. The project demonstrated that this could be achieved by using an intersectoral approach which involves not only the Government, media and civil society, but also families and fathers. Emphasis on capacity-building and the development of information and training materials helps to increase local expertise and provide positive, non-stereotypical images, with active participation and respecting cultural sensitivity. To focus on quality education, the MTR endorsed the approach of making maximum use of the limited resources to benefit the most disadvantaged children through the selection of 22 schools after a detailed situation analysis. The MTR suggested the extension of the strategy to include community empowerment in the 22 underserved islands and its expansion to help ensure disparity reduction, address priority needs in social services and achieve quality education.

7. Given the very limited budget and small staff of UNICEF, some sectoral objectives proved to be too ambitious. The levels of accountability regarding objectives and strategies require clearer distinction. Assessment indicators have to be better documented and data must be verifiable. In order to address existing disparities, it was recommended that UNICEF engage in policy dialogue and advocacy at the macro-level, while sustaining focused and convergent activities in targeted areas at the micro-level. Five specific areas were identified for continued support: (a) the 22-schools project, which aims to integrate quality education and ECD and become the 22-islands project; (b) nutrition; (c) expansion of the ECD project to target marginalized children; (d) a focus on the most neglected areas of child protection; and (e) improved data collection. In addition, support in the areas of routine immunization and provision of supplies was to be phased down or out. Responses to protection and rights issues were on track, but should continue, be monitored and reinforced to include the recommendations of the Committee on the Rights of the Child on the Convention.

Proposed country programme strategy

8. The process for the development of the strategy involved the participation of a large spectrum of traditional and potential new partners. For the first time, it also included actively participating members of the corporate sector and children.

9. The overall goal of the country programme is to contribute to the achievement of children's rights to survival, development, protection and participation within the framework of the Government's Sixth National Development Plan and the strategic vision of the Maldives future development ("Vision 2020"). The programme strategies have been developed within the context of the UNICEF medium-term strategic plan priorities as applicable to the situation of the country and the United Nations Development Assistance Framework (UNDAF) currently being elaborated. Strategic shifts such as the development of focus islands have implications for child

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rights and need to be taken into account. The four main objectives are: (a) to help reach the most marginalized children and ensure that they are physically and mentally healthy, socially alert and active; (b) to support the provision of the equitable access of all children to quality basic education; (c) to increase awareness and the application of all child rights to all children, reducing geographical and gender disparities, providing support to children in need of special protection, and reducing discrimination and abuse; and (d) to improve the collection and management of disaggregated data.

10. These objectives will be reached by combining strategies to ensure effectiveness, efficiency and long-term sustainability. The four strategies are: (a) advocacy, to improve awareness of child rights and trigger behavioural change; (b) capacity-building; (c) the development and consolidation of partnerships to ensure problem-oriented solutions and the convergence of resources for greater impact of interventions; and (d) the involvement of communities and children to ensure ownership and sustainability. The country programme will have five components: ECD; nutrition, water and health; quality education; child protection; and cross-sectoral costs. Programmes are cross-sectoral and contain elements of advocacy, communication, social mobilization, planning, data collection, monitoring and evaluation.

11. The objective of the **ECD** programme is to secure children's full physical, cognitive and psychosocial development, in a positive and stimulating environment, that is conducive to helping each child reach his/her full potential. The strategy for achieving this objective has been tested in the "First Steps Maldives" project. During the next country programme, the project will be evaluated for impact, improved where necessary, and supported to facilitate a systematic introduction and application in all geographical areas. Other scientifically sound and creatively presented messages on nutrition, hygiene and health will be produced and included in the approach to make it a more integrated ECD programme. Advocacy will be undertaken to include ECD into pre- and in-service training provided by the Faculties of Health Sciences and Education. Other activities to be supported include childhood disability, with a focus on the prevention of low birth-weight infants, and early detection of disabilities. Non-governmental initiatives will be supported for the training of front-line workers in community-based rehabilitation of children and for the establishment of an ECD demonstration centre in order to link ECD and education, and to share good practices.

12. The **nutrition, water and health** programme will be a targeted programme to contribute to reducing child malnutrition and persistent problems related to water, hygiene, sanitation and health. It will be complemented by the cognitive and psychosocial elements of the ECD programme. Special emphasis will be given to local capacity-building to plan, implement and monitor activities. UNICEF already collaborates with the Government, WHO, UNFPA, and local NGOs to reduce the prevalence of malnutrition and produce positive changes in feeding and eating habits through the promotion of exclusive breastfeeding, the consumption of iodized salt and the reduction of iron deficiency anaemia. Adequate technologies for water collection and resource protection, low-cost sewage and solid waste disposal systems will be identified, and appropriate legislation and application of standards will be advocated. Activities to change health, nutrition and hygiene habits, including hand-washing, will be promoted in schools and with the public. Advocacy and technical assistance have to be provided to sustain gains in infant and child

health, including EPI coverage, and HIV/AIDS prevention, especially among adolescents. In line with the MTSP, UNICEF will help to maintain and strengthen immunization "plus" services and assist in conducting annual blanket coverage campaigns for polio and maternal and neonatal tetanus vaccination.

13. The main objective of the **quality education** programme is to increase the overall educational achievement of children in the most disadvantaged schools. It will also aim to help island communities identify priority needs, learn basic planning skills and seek appropriate support. Focus will be placed on pre-school and basic education policy development, capacity-building, disparity reduction, gender equity and internal efficiency. Best practices are to be shared among selected islands, and educational innovations will be encouraged. Demonstration models will focus on child-centred processes, thus ensuring individual learning achievement through in-service training and supervision. Developmentally- appropriate, gender-sensitive, locally relevant and information technology-integrated curricula and material will be supported if additional resources can be mobilized. Attention will focus on girls' education, the integration of disabled children in mainstream schools, multi-stakeholder participation, the convergence of resources and community ownership in project planning, implementation, monitoring and evaluation.

14. The **child protection** programme will support the development of policies and the improvement of legislation on child protection, the setting and monitoring of standards, and the strengthening of national capacities. UNICEF plans to support the sensitization and training of care providers and judicial and law enforcement officials. It will work with the Government and NGOs to ensure screening, early detection and expansion of services for children with special needs, including children with disabilities and children in conflict with the law. Strategies include working with the decentralized institutions and communities, and strengthening existing partnerships with the Unit for the Rights of Children of the Ministry of Women's Promotion, the police, and FASHAN and Care Society. Support will also be provided for the monitoring of child rights indicators and reporting by developing capacity for institutionalizing data gathering and management systems.

15. **Cross-sectoral costs** will ensure that adequate human and other resources are made available to help implement, monitor and evaluate programme activities and their impact. With the objective of long-term capacity-building, a joint programme of data collection for monitoring and evaluation is envisioned by the United Nations agencies in Maldives as part of the UNDAF process. In cooperation with the Government, United Nations agencies and other partners, UNICEF will assist in developing the United Nations common database to facilitate reporting on the Millennium Development Goals.

Estimated programme budget

Estimated programme cooperation, 2003-2007[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Early child development	780 000	42 000	822 000
Nutrition, water and health	726 000	47 000	773 000
Quality education	714 000	61 000	775 000
Child protection	399 000	25 000	424 000
Cross-sectoral costs	466 000	-	466 000
Total	**3 085 000**	**175 000**	**3 260 000**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.